DOCUMENT RESUME

ED 331 260 EC 300 243

AUTHOR Davis, William E.
TITLE Contemporary Forces and Factors Affecting Students with Mild Mental Retardation.
PUB DATE 12 Aug 90
NOTE 42p.; Paper presented at the Annual Convention of the American Psychological Association (98th, Boston, MA, August 12, 1990).
PUB TYPE Viewpoints (Opinion/Position Papers, Essays, etc.) (120) -- Information Analyses (070) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Classification; Educational Change; Educational Diagnosis; Educational Needs; Elementary Secondary Education; Eligibility; *Incidence; *Labeling (of Persons); *Mild Mental Retardation; Minority Groups; Regular and Special Education Relationship; Sex Differences; *Student Characteristics; Trend Analysis

ABSTRACT

This paper provides a discussion and analysis of: (1) selected forces, factors, and conditions which have contributed to the reported decrease in the number and percentage of students classified as mildly mentally retarded for purposes of special eligibility and programming; (2) changes in the characteristics of the "new population" of mildly retarded students; and (3) emerging trends which have the potential for impacting this population of students. It is concluded that there are a variety of plausible explanations for the decrease in the mildly mentally retarded population, that students presently identified as mildly mentally retarded are substantially different in characteristics and programming needs than students formerly classified as educable mentally retarded (overrepresentation of males and ethnic/minority groups are prime characteristics of the new population); and that there are large numbers of needy students in the slow learner range who need but do not qualify for any special education services. Specific trends identified include changes in the special education population; the impact of recent school reform movements, especially the Regular Education Initiative; and a generalized public backlash toward special education. Four recommendations address the issues of classification, placement, personnel preparation, and the status of "mild mental retardation." Includes 50 references. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
This document has been reproduced as received from the person or organization originating it.
Minor changes have been made to improve reproduction quality.
Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

CONTEMPORARY FORCES AND FACTORS AFFECTING STUDENTS WITH MILD MENTAL RETARDATION

ED331260

William E. Davis, Ph.D.

Professor of Special Education and Director
Institute for the Study of At-Risk Students

College of Education
University of Maine
Orono, Maine 04469
(207) 581-2468

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

William E. Davis

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

Paper Presented at the 98th Annual Convention of the American Psychological Association, Boston, MA, August 12, 1990

EC 300243

BEST COPY AVAILABLE

ABSTRACT

In recent years there has been a dramatic decrease in the number and proportion of children and youth classified as mildly mentally retarded for special education eligibility and programming purposes. It is suggested that many students within this population are being neglected and are not currently receiving appropriate educational, social, and vocational programs.

This paper provides a discussion and analysis of (1) selected major forces, factors, and conditions which have contributed to the reported decrease in the number and percentage of these students; (2) changes in the characteristics of the "new population" of mildly mentally retarded students; and (3) emerging trends which are suggested as having the potential for impacting this population of students now and in the future. Finally, recommendations are offered which are designed to assist professionals and advocates in their efforts to provide more effective instructional programs for these students.

CONTEMPORARY FORCES AND FACTORS AFFECTING STUDENTS WITH MILD MENTAL RETARDATION

In recent years there has been a dramatic decrease in the number and proportion of children and youth classified within the mental retardation category receiving special education programming services in our nation's public schools. While the overall population of special education students has increased 20 percent between 1976-1977 and 1987-1988, those students classified as mentally retarded have decreased 34.2 percent during the same period. In 1987-1988, 16,875 fewer students were served under the mentally retarded category than were served in 1986-1987, representing a 3 percent decrease for the most recent one-year period for which data are available (Office of Special Education and Rehabilitative Services (OSERS), Eleventh Annual Report to Congress, 1989).

There is strong evidence to suggest that the consistent decrease in the number and percentage of students classified as mentally retarded represents primarily those children and youth with mild mental retardation -- those students who previously were referred to as educably mentally retarded (Epstein, Polloway, Patton, & Foley, 1989; MacMillan, 1989; MacMillan, Hendrick, & Watkins, 1988; Polloway & Smith, 1988; Reschly, 1985, 1987). Several researchers and advocates have expressed major concern that students with mild

mental retardation currently are being largely neglected in both the professional literature, and more importantly, in our schools, and that this deemphasis is likely to have an adverse impact upon this particular population -- instructionally, socially, and vocationally (Edgar, 1987; MacMillan, 1989; Patton, Cronin, Polloway, Hutchison, & Robinson, 1989; Polloway & Smith, 1988).

This paper has four basic objectives: (1) to discuss selected forces, factors, and conditions which have contributed to the reported decrease in the number and proportion of students with mild mental retardation within our schools; (2) to discuss some of the changes in characteristics of the current population of mildly mentally retarded students; (3) to discuss some selected emerging trends within education as well as within broader society which may have a substantial impact upon this specific population; and (4) to offer some basic recommendations for improving the overall quality of programming for these students.

Reasons for Decline in Prevalence of Mild Mental Retardation

Several forces, factors, and conditions -- some of them interrelated -- have contributed to the decline in the prevalence students with mild mental retardation in our nation's public school special education programs since 1976-1977. Although this decline has been relatively steady nationally since the passage of PL 94-142, there continues to exist considerable variability among states

regarding reported mental retardation prevalency data. For example, according to the most recent data available (1987-1988 estimated total school enrollment), the percentage of students ages 6 to 17 who received special education programming services under the classification mentally retarded ranged from a low of 0.35% in Alaska to a high of 3.74 % in Alabama (OSERS, Eleventh Annual Report to Congress, Table AA23, p. A-37). Large variations in prevalence also have been consistently noted among districts within states as well as among schools within individual school districts.

The variability in the prevalence of mild mental retardation, in particular, has been well documented in the literature for many years. Several reports and studies provide strong evidence that prevalence rates have been higher for (1) males, (2) children living in poverty, and (3) children who are members of certain racial/ethnic minority groups, especially blacks (e.g., Gartner & Lipsky, 1987; Natriello, McDill, & Pallas, 1990; Schorr, 1989). Clearly, the variation which has led to the most controversy has been the disproportionately high enrollments of minority students, especially blacks, in programs for mildly retarded students (Heller, Holtzman, & Messick, 1982; MacMillan, 1989; Reschly, 1985, 1988).

Among the major factors which have influenced the diagnostic process in the field of mild mental retardation in recent years which have resulted in the significant decrease in the number of students being identified within this category are (1) shifts in definition and

criteria for eligibility, (2) litigation, (3) legislation, (4) early intervention and population shifts, and (5) conceptual changes (Polloway & Smith, 1988).

Changes in definition: Unquestionably, the single most significant cause for the decline in the reported prevalence of mild mental retardation among our nation's school-age population was the change in the definition of mental retardation by the American Association on Mental Deficiency (AAMD) in 1973 (Grossman, 1973). The 1973 AAMD definition, as well as the later 1977 and 1983 revisions, significantly changed the "eligibility criteria" for being classified as mentally retarded in terms of exclusivity. Most earlier definitions of mental retardation, including the most widely used (Heber, 1959, 1961), were much more inclusive.

The upper cut-off for mental retardation eligibility classification, prior to 1973, was an IQ of 85. Beginning with the 1973 AAMD definition, the upper IQ limit for mental retardation generally has been regarded as 70 -- along with documented deficits in adaptive behavior. Thus, a large number of students who were formerly eligible for special education services under the mental retardation classification prior to 1973, suddenly became ineligible. The "new" AAMD definition resulted in the technical declassification of approximately 13% of the total population by lowering the ceiling IQ score from 85 to 70 (Wechsler scales) (Polloway & Smith, 1988).

In large part due to the argument that the 70 IQ upper cut-off was too restrictive, thus denying needed services to many students,

the 1983 AAMD revised definition attempted to accommodate this concern by providing more flexibility at the upper IQ level. Although continuing to set the upper IQ limit at approximately 70, the 1983 AAMD definition did emphasize that this upper limit should not be applied as an absolute standard but only as a general guideline, and that IQ scores up to 75, or even slightly higher in certain situations, could be used for eligibility purposes.

In addition to prevalence variations caused by differential IQ cut-offs, the relative importance attached to adaptive behavior can also produce considerable classification variation with the mild mental retardation area. Despite the requirement to document adaptive behavior deficits which is part of most definitions of mental retardation, the adaptive behavior component generally has received much less attention than the IQ component. Therefore, whether or not a specific student is classified as having mild mental retardation may depend, to a large extent, on how the adaptive behavior component is weighed in the overall definition and classification process (Reschly, 1988).

Litigation: Of course, it is important to understand that the decision to recommend a more exclusive definition of mental retardation stemmed, in large part, from strong criticism by civil rights and other professional advocates during the late 1960s and early 1970s that most of the commonly used assessment measures to identify students as mildly mentally retarded were discriminatory

against certain racial/ethnic minority groups, thus allowing for an overrepresentation of members from these groups in segregated special education classes. Several prominent pieces of litigation during this period also specifically addressed this issue (e.g. Diana v. State Board of Education, 1970; Larry P. v. Riles, 1971).

In both Diana and Larry P. the basic assumption was that the placement of minority group children in special classes for the mentally retarded was based on discriminatory identification procedures and that such placement had an adverse effect on their educational progress. Subsequent to the decisions in these cases 11,000 to 14,000 students were declassified from California educable mentally retarded programs (MacMillan, 1982, 1989; MacMillan, Myers, & Morrison, 1980).

The issue of minority overrepresentation in special education programs has been thoroughly discussed in the literature (Heller, Holtzman, & Messick, 1982; MacMillan, 1989; MacMillan, Hendrick, & Watkins, 1988; Reschly, 1985, 1988). In particular, there has been harsh criticism directed at the large numbers of minority group children, especially blacks, being identified as mildly mentally retarded and subsequently placed in self-contained special education classes. Critics have charged that (1) the classification procedures employed to place minority students (especially IQ tests) are biased, (2) the programs in which these students are placed are generally ineffective, and (3) the overrepresentaion of minorities in these

programs is merely part of a system-wide and society-wide pattern of discrimination.

Reschly (1985, 1988) cautioned, however, that the overrepresentation data are frequently misunderstood and misinterpreted. Reschly (1988) suggested that "the available data in this area indicate that minority overrepresentation is not pervasive throughout all special education programs, but rather is specific to mild mental retardation programs" (p. 30).

Reschly (1985, 1988) also argued that a clear distinction must be made between (1) the percentage of minority students in the total school population, (2) the percentage of special education students that are minority, and (3) the percentage of minority students in special education programs. Using the Larry P. case as an example, Reschly (1988) pointed out that black students constituted 10% of the total school-age population in California and approximately 25% of the students placed in mild mental retardation special education classes. "The totally incorrect assumption that apparently has been made by some critics was that perhaps as many as 25% of all black students were placed in special class programs for the mildly mentally retarded students. In fact, at the time of the Larry P. trial only about 1% of all school-age blacks were placed in special class programs for mildly retarded students" (p. 29).

Reschly (1985, 1988) further argued that it was not overrepresentation, per se, that gave rise to the widespread criticism of EMR programs. Rather it was the combination of minority

overrepresentation coupled with stigma attached with the EMR label and perceptions of poor quality education that precipitated the challenge to EMR programs (cited in MacMillan, 1989, p. 9).

Legislation: There is little empirical evidence to demonstrate the precise impact that the passage and implementation of PL 94-142 has had on the decrease in the number and proportion of students being identified as mildly mentally retarded in our nation's schools. However, widespread "opinion" exists that this major piece of national legislation has directly, or indirectly, contributed to substantially fewer students being classified within the mild mental retardation category. Two specific components of PL 94-142, in particular, generally have been acknowledged in this regard: the nondiscriminatory assessment requirement and the least restrictive environment requirement.

As a result of the nondiscriminatory assessment requirement, school personnel, with legitimate and justifiable reason, appear to be much more cautious in classifying students, especially ethnic/racial minority students, as mentally retarded based upon individual intelligence tests (even in those states where it is still legal to employ these tests as part of the identification process). Also, the requirement to educate students in the least restrictive environment deemed appropriate has served to significantly reduce the number of self-contained classes for mildly retarded (EMR) students in our schools. In fact, it is not uncommon to find school systems in 1990

which have no self-contained classes for mildly retarded students in operation.

Several professionals have argued that the least restrictive environment requirement has allowed for a disproportionate amount of attention to be focused on placement issues involving mildly handicapped students (especially those with borderline or mild mental retardation) while, at the same time, an insufficient amount of attention and research has been directed to instructional and curriculum issues involving this population (Epstein, Patton, Polloway, & Foley, 1989; MacMillan, 1989; Polloway & Smith, 1988; Reschly, 1987). It is suggested that by simply declassifying students, or by not identifying them as being eligible for special education services, does not necessarily ensure that many students with documented "learning problems" (including those with borderline or mild mental retardation) will receive an appropriate instructional program.

The suggested impact of PL 94-142 on the reduction in the number of students being classified as mildly mentally retarded may be witnessed by yet an additional related development: the remarkable growth of the learning disability category in our nation's schools since 1976.

As steady and dramatic as the decline in the number and proportion of students classified as mentally retarded has been in recent years, the increase in the number and proportion of students classified within the learning disability category has been even more

dramatic. Between 1976-1977 and 1987-1988, there has been a 145 percent increase in the number of students ages 6-21 who have been classified as learning disabled for special education eligibility and programming purposes; while the percentage of students with mental retardation decreased 34.2% during this same time period. During the 1987-1988 school year, students classified as learning disabled represented, by far, the largest number (1,941,731) and percent (47.0%) of all students receiving special education services. By contrast, during the 1987-1988 school year, 601,288 students (14.6%) were classified within the mental retardation category (OSERS, Eleventh Annual Report to Congress, 1989).

Although difficult to confirm by empirical evidence, it is widely suggested that the steady decrease in the number and proportion of students within the mental retardation category in recent years is related to the corresponding significant increase in the number and percent of students being classified as learning disabled. Several reasons generally have been offered as possible explanations of the "learning disability - mental retardation" classification relationship.

First, it is widely acknowledged that the learning disability label generally is perceived of to be much less stigmatizing than the mental retardation label. Given the "choice", and assuming that a label is necessary for their child to receive needed special education services, most parents arguably would prefer to have their child labeled as learning disabled rather than as mentally retarded. There

is some evidence to suggest that both regular and special education teachers also tend to "prefer" the LD rather than the MR label for their students. And finally, of course, there is the issue of the impact of specific labels on the students themselves. Again, one might assume, with a reasonable degree of certainty, that if "given the choice and need for a label," most students would opt for the LD label.

Second, because the learning disability definition and category, as characterized by many researchers and educators, is so elusive -- some school personnel appear to find it much "safer" and "more convenient" to identify students as LD rather than MR. In brief, there is much less likelihood of incurring "heat" from parents or child advocates by labelling a child as LD rather than as MR.

Third, considerable speculation has occurred in recent years that large numbers of students who formerly were classified as mildly mentally retarded are currently being classified as learning disabled. And, most certainly this is precisely the case in some school systems. There is documentation that, at least in isolated school systems, this "shift" in classification has occurred.

However, several researchers have concluded that the assumption held by many that large numbers of students who formerly would have been classified as EMR students (specifically those students generally described as the "old EMR", or "marginal learners" -- IQ: 75-85) are currently being identified as learning disabled is false (e.g., Forness, 1985; Forness & Kavale, 1984:

Polloway & Smith, 1988). Rather, "these particular students with IQs between 75-85 reside in an educational 'DMZ,' or 'no man's land' where students are ineligible for any special education services" (MacMillan, 1989, p. 14). The reason is that it is difficult, if not impossible, to establish the "severe discrepancy" requirement between aptitude and achievement for 75-85 IQ range students -- which is necessary as part of the eligibility criteria for LD. (MacMillan, 1989).

Although admittedly it is difficult to demonstrate the actual impact which the rapid growth of the field of learning disabilities has had upon the decrease in the number and proportion of students being identified as mildly mentally retarded, the "learning disabilities phenomenon" in recent years clearly has diverted substantial attention, directly or indirectly, away from the mildly mentally retarded population.

Early intervention programs: Still another critical factor which has influenced population trends in mild mental retardation has been the documented success of several early intervention programs. Many of these programs, such as Project Head Start, were initiated during the War on Poverty era during the 1960s and have been designed to assist in the effort to reverse the cycle of economic and social disadvantage. One of the major goals of practically all early intervention programs for disadvantaged children has been to reduce

the incidence of mild mental retardation due to psycho-social sources.

As stated by Polloway and Smith (1988), there is solid evidence which suggests that quality early childhood intervention programs can produce "alterability of intellectual levels" for children deemed to be at high-risk for mild retardation and related learning difficulties in school (e.g., Ramey & Haskins, 1981).

In addition, there exists widespread solid evidence in the special education literature attesting to the success of early intervention programs for identified pre-school handicapped children. Although it is true that most mildly mentally retarded children traditionally have not been identified until after they enter school, it is arguable that because of more comprehensive and effective early screening, identification, and programming, a considerable number of children who in the past would likely have been "candidates for the mild mental retardation label" have, in fact, been "helped" sufficiently to obviate their need for special education.

Conceptual changes: Still another significant factor which has had an influence on the identification of mild retardation, and thus the nature of the population, has been the changes in the way that this handicap is conceptualized (Polloway & Smith, 1988). The sociological, or social system, perspective of mental retardation has gained a great deal of attention in recent years. This "view" has encouraged a more restrictive concept of retardation as a comprehensive impairment involving permanent incompetence.

For example, the System of Multicultural Pluralistic Assessment (SOMPA) developed by Mercer and Lewis (1977) as an alternative to the more traditional use of IQ scores for identifying mildly retarded children would have some obvious effects on identification procedures in programs for mildly retarded students. First, because it encourages the adjustment of IQ scores based on socio-cultural status, scores for most minority children would be significantly increased. Second, it deemphasizes student difficulties within the school environment, while emphasizing adaptive behavior outside of school as part of the overall identification process (Polloway & Smith, 1988).

Reschly (1981) estimated that the use of the measures and criteria built into SOMPA would result in a prevalence figure of less than than 0.5% for mild mental retardation, clearly having a significant effect on children no longer eligible for services. For example, Reschly (1981) concluded that while one-half of those declassified were eligible for other special education services, the other students were not, in spite of continuing intellectual limitations and academic deficiencies (cited in Polloway & Smith, 1988, pp. 10-11).

This shift in conceptualization has resulted in a much greater emphasis being placed on the "more severely retarded" population -- those persons who manifest low competence across all social roles (Reschly, 1981).

If declassification of individuals included only those previously misdiagnosed, a positive step toward the elimination of the major discriminatory effects of special education would be achieved. However, efforts to remove pupils who demonstrate primarily school-based problems ignores the initial reason for referral for services (Reschly, 1981, cited in Polloway & Smith, 1988, p. 11).

Thus, there currently exit several plausible explanations -- and, most certainly a multitude of wide-ranging opinions -- for the decrease in the mild mental retardation population in recent years. Debate in this area likely will continue for many years. However, despite the differences of opinion which exist relative to this subject, there appears to be a firm consensus that (1) those students presently identified as mildly mentally retarded (sometimes referred to as the "new EMRs") who are receiving services in our special education programs are substantially different from those students formerly classified within this category ("old EMRs") in terms of characteristics and programming needs; and (2) there are large numbers of students (those formerly identified as "marginal learners" and those identified within the "upper EMR IQ range) who appear to have fallen through the cracks of present special education classification systems, and because of their "lost eligibility" are not receiving adequate instructional services in our nation's schools.

Changes in Characteristics of Current Population of Mildly Retarded

Concomitant with the decrease in the number of mild mentally retarded students during the past 15 years has been a substantial decrease in the amount of research directed at this population. Thus, as suggested by MacMillan (1989), there currently exits little empirical evidence upon which an accurate description of this "new EMR" population in terms of characteristics, learning patterns etc. can be based. However, the present subset of mildly mentally retarded students appears to be drastically different from the subset of students who populated EMR programs prior to 1973.

First, the average ability level of children in EMR programs today is lower than it was in the late 1960s. Self-contained classes for the mildly mentally retarded today typically include children who are more severely debilitated, many of whom would likely have been identified as trainable mentally retarded and placed in TMR classes 15 to 20 years ago (Epstein, Patton, Polloway, & Foley, 1989; MacMillan, 1989; MacMillan & Borthwick, 1980; Polloway & Smith, 1983).

Second, and related to the first suggested change, whereas "old EMR" classes generally were populated by large numbers of students who were often described as being "streetwise" or as "the six-hour retarded" [school day], this "type of student" is seldom found in current classes for the mildly retarded. Most students in today's

programs are likely to have a documented "clinical" cause for their mental retardation (MacMillan, 1989).

Third, "new EMR" classes appear to be populated by students who possess more behavioral and speech/language secondary handicaps (Epstein, Patton, Polloway, & Smith, 1989). Clearly, the increase in secondary handicaps among this population subset could be due to the fact that these students, as a group, are likely to be patently more disabled and have a multiplicity of problems than were their "earlier comparison group."

Fourth, the results of some recent studies (e.g., Polloway, Epstein, Patton, Cullinan, & Luebke, 1986) suggest that very few children in current EMR programs are mainstreamed for significant portions of the school day, and further that they tended to be initially identified as handicapped much earlier than were students who typically populated EMR programs several years ago. Again, this finding appears to be predictable given that students presently identified as mildly mentally retarded are more likely to be more severely disabled and more likely to possess multiple handicaps.

Despite the above cited differences which are suggested to exist between the "old" and "new" programs for mildly retarded students, there are two characteristics which remain common to both: (1) <u>males are overrepresented</u>, and (2) <u>racial/ethnic minority students are overrepresented.</u>

Emerging Trends

"The field of mild mental retardation is struggling with a crisis of identity. Despite a proud professional history as the training ground for many eminent special educators, over the last 20 years a variety of challenges have had a significant impact on its status" (Polloway & Smith, 1988, p. 7). In addition to the central issues of identification, eligibility, and placement of students with mild mental retardation, which have been addressed earlier in this paper, which require resolution, there are other emerging trends which could impact significantly upon this population of students during the 1990s. It is suggested that the following selected trends need to be considered by researchers, educators and policymakers with respect to the "future of students with mild mental retardation."

Changes in special education population: Several recent developments appear to suggest that the "face of special education" may be drastically altered during the next decade. Greer (1990) predicted that an entirely new population of students will be needing special education in the near future -- those children who are presently being identified in rapidly increasing numbers as "drug babies." As stated by Buehler (1990), "Drug use in our society has created an epidemic of impaired babies now entering school or near school age" (p. 8).

Drug-exposed births have increased 300% to 400% since 1985 according to a recent report of the Select Committee on Children, Youth, and Families (1988). In some hospitals, as many as one in six newborns is born "hooked" (Miller, 1989). In particular, the rapidly increasing number of "crack cocaine"- related births being reported in the United States recently has been the source of major concern.

Estimates now indicate that each year 50,000 babies are born with alcohol-related problems, and of these, over 12,000 demonstrate the full Fetal Alcohol Syndrome (FAS) dysmorphology. Fetal Alcohol Syndrome is now generally regarded as the leading known cause of mental retardation in the western world, and the second leading cause of birth defects in the United States (National Association for Perinatal Addiction Research and Education, 1989).

Further, pediatric AIDS currently is developing into a major problem in this country. Through July of 1989, there have been 1,660 cases of pediatric AIDS reported in the United States (Centers for Disease Control, 1989). It is estimated that by 1991, there will be between 10,000 and 20,000 symptomatic HIV-infected children, and the infection will advance to full-blown AIDS in about one-third of the cases (The Surgeon General's Workshop, U.S. Department of Health and Human Services, 1987, as cited in Baumeister, Kupstas, & Klindworth, 1990, p. 9).

Finally, because of medical advances and early intervention programs, significantly larger numbers of children with severe medical impairments are now living longer. For example, babies

being born today with Trisomy 13 and Trisomy 18 are now surviving -- and living much longer. These babies presumably will eventually be entering our nation's schools. Buehler (1990) predicted, "Today, for every 3 children born with a severe defect, 2 are alive at the age of 21. The prediction is that it will be 2.5 out of 3 by the year 2000" (p. 8).

Should the above trends continue, it is very likely that special educators in the future will be required to deal with this "new population" of students. Of course, it is not clear to what extent the actual involvement of special education will need to be with this group of children. For example, certainly not all children who have been affected by drug-related births will require special education services. Nevertheless, it is reasonable to assume that special educators will be asked to play a major role in the delivery of services to those students within this subgroup who will, in fact, be determined to be "eligible" for special education programming -- and, this could represent a significant number.

How might this trend affect the status of mildly mentally retarded students during the next decade and beyond? Again, one can only speculate at this point in time. Surely, one effect could be that there will continue to be the <u>deemphasis</u> on mild mental retardation relative to both research and programming which has occurred in recent years. Attention will continue to be diverted away from students with mild retardation and borderline retardation and directed more toward those students considered to be "truly

retarded" because of biomedical etiology. It will be increasingly difficult to justify the allocation or reallocation of human and fiscal resources for mildly retarded populations when another group (those with more severe handicapping conditions) are perceived of to be in greater need. This is not to suggest that the proposed "new population" of students will not be in need of special education services, or that they should be denied them. Rather, it is suggested that their very "presence" in our schools could have a significant impact on the ability of our schools to address the needs of mildly mentally retarded students and "marginal learners" in the future.

Impact of Recent School Reform Movements: Once again our nation is witnessing increased efforts to improve the quality of our public education system via various "school reform" policies. President Bush at his educational summit with our country's governors held in September, 1989, outlined a series of national performance goals to improve the quality of education in America.

At the end of this summit, the President and governors issued a joint statement stressing the need to establish high national standards aimed at eliminating illiteracy and improving student behavior and academic performance. Among the goals set to be accomplished by the year 2000 are (1) the high school graduation rate in the U.S. must increase to no less than 90%; (2) all students in grades four, eight, and twelve will be tested for progress in critical subjects; (3) American students must rank first in the world in

achievement in mathematics and science; and (4) every adult must be a skilled literate worker and citizen, able to compete in a global economy.

Certainly the plea for improving the quality of education in America by adopting more rigorous standards and student performance goals is not new. Many of the goals set forth as part of the recent educational summit are very similar to those which were established in the Nation at Risk report published in 1983. For several years now, most states have had in place minimal competency standards required for high school graduation. The "push for excellence" in our schools clearly is not a new phenomenon. What impact will this most recent national (as well as state) emphasis on the establishment of more rigorous standards and student performance goals have upon "marginal learners"? It is suggested that this "push for excellence" could have a very devastating effect upon the current and future lives of this population.

First, simply raising standards and establishing minimal competency tests to measure student performance against these standards -- in the absence of improved instruction and curriculum adapted to the particular learning needs of marginal learners -- will certainly not guarantee improved student academic performance. Under such conditions, it has been clearly established that less academically skilled students tend to fall even further behind their more academically talented peers. For large numbers of these

students, their schooling experience becomes increasingly irrelevant and often, psychologically damaging.

Second, whereas "handicapped students" including those who are presently considered to be within the mildly mentally retarded classification generally are "protected" in most states in this regard by being allowed to to take minimal competency tests under modified conditions or by fulfilling IEP requirements, this "protection" generally is not provided for marginal learners. If not identified as "handicapped" these students must meet the existing standard by passing the test administered under standard conditions (MacMillan, 1989).

As indicated in earlier sections of this paper, because of the drastic decrease in the number of students being classified as mildly mentally retarded in recent years, there are significantly larger numbers of students in our schools who could be referred to as "marginal learners" (those with IQs within the 75-85 range). Presently, the vast majority of these students are receiving their educational programs entirely within regular classroom settings without any special education assistance. The issue here is not one of <u>appropriate placement</u>. Rather, it is one of <u>appropriate instruction and curriculum</u>. It could be argued that under current and proposed school reform policies large numbers of today's and tomorrow's marginal learners are being "set up for certain failure" unless greater attention is directed toward their specific instructional and curriculum needs.

Impact of the Regular Education Initiative: The most intense and controversial issue presently receiving attention in the special education professional literature is the Regular Education Initiative (REI), or as it sometimes referred to, the General Education Initiative debate (Carnine & Kameenui & 1990; Davis, 1989, 1990; Davis & McCaul, 1988; Kauffman, 1989; Lieberman, 1990; Lilly, 1989; Vergason & Anderegg, 1989). The proposed merger of special education and regular education into a unitary general education system which would have primary responsibility for all students in our nation's public schools -- including identified handicapped students as well as those students who have "other special needs" -- has attracted both strong advocates and strong critics.

Proponents of the REI essentially argue that past and current policies and practices employed within the special education paradigm, as shaped by both tradition and PL 94-142, to identify, classify, instruct, and place students are based on flawed logic and assumptions, are inefficient, are programmatically and cost-ineffective, and, in many cases, are discriminatory (Lilly, 1988, 1989; Lipsky & Gartner, 1989; Skrtic, 1987, 1988; Reynold, Wang, & Walberg, 1987).

Opponents of the REI generally argue that past and current special education policies and practices, e.g., those involving pupil identification, eligibility, programming, and placement, are essentially sound and, if abandoned too quickly, or without a solid research base to justify such, many handicapped students likely

would suffer irreparable harm. Also, it is argued that hasty adoption of the REI would result in the loss of due process rights for many handicapped students and their parents (Byrnes, 1990; Gerber, 1988; Kauffman, 1989; Lieberman, 1990; Vergason & Anderegg, 1989).

The REI discourse has focused primarily on identification, classification, instructional, and placement issues involving mildly handicapped students. In fact, many of the arguments put forth by advocates of the REI are directly related to policies, programs, and practices involving mildly retarded students. The REI debate raises pertinent questions relative to some long-held fundamental assumptions upon which many past and current special education programs and practices are based -- including the assumption that the educational needs of mildly handicapped students are sufficiently different from those of nonhandicapped students to require special programming in order to ensure a meaningful and appropriate education.

Clearly, one can only speculate upon what impact, if any, the REI discourse will have upon the future of special education and schooling in general. Likewise, it is difficult to predict what the impact of this discourse specifically will have upon future educational programs for students with mild mental retardation as well as those students presently declassified. However, this debate is integrally involved with issues which are of critical importance to advocates and professionals who have expressed major concerns

regarding the current and projected "plight" of students with mild and borderline mental retardation.

Those professionals and advocates who have been expressing their concern regarding the current and projected status of mildly and borderline retarded students need not only to be very much aware of the REI discussions but also they need to become active participants within this debate. Certainly, the issues being addressed in the REI debate are much broader than those related to mild mental retardation per se; however, many of these issues, as well as those currently being addressed in other national discourses (e.g., poverty, homelessness, child health etc.), are likely to have an indirect, if not a direct, impact upon the future lives of children and youth with mild mental retardation.

Special Education Backlash: The nature and scope of future programs for mildly mentally retarded students also could be severely impacted by a generalized public backlash directed at the overall field of special education. Special education has enjoyed (and earned) a remarkable period of growth in our nation's public schools since the 1950s. Although those within and without of the field of special education may not always have been pleased with every policy and programming decision involving special education which has been made during this period of expansion, most observers would likely agree that "special education has made its mark on public education." For the most part, handicapped students no longer

are viewed as "outsiders." Educators, as well as the public at large, have come to a general level of "acceptance" regarding handicapped students.

However, this period of growth and acceptance could be soon coming to a close according to some observers (e.g., Zirkel, 1990) because of a backlash against special education which currently is being threatened. Zirkel warns that pressures presently are building across a wide front which seriously threaten the future of educational programs for handicapped children in this country.

Zirkel (1990) attributes much of this predicted backlash to the escalating costs of special education programs in recent years, especially those costs related to residential programming. Also cited by Zirkel as sources of concern which are likely to produce a special education backlash are (1) dissatisfaction regarding the dramatic increase in litigation (and related costs of such) which has taken place in the field; (2) the lack of leadership and commitment at the national level with respect to coordinating and funding programs for handicapped students; and (3) current controversies within the field (e.g., those related to the REI) which raise questions about the value of financially supporting programs which may be not only extremely vulnerable and ill conceived but also programmatically ineffective for students.

Zirkel (1990) suggests that despite the fact that the needs of handicapped children will remain in the future, the American public will be much less likely to support actions designed to meet their

needs. Cost clearly is a critical issue. Although the issue of excessive cost normally is not considered to be a major impediment to establishing or continuing programs for mildly retarded students, it unquestionably is an issue when programs for more severely handicapped students are involved.

At first glance, therefore, it would appear that a special education backlash, even if it were to occur, would likely have little impact on mildly mentally retarded students. However, this may not be the scenario at all. There could be a definite impact upon this population of students. Competition for dwindling financial resources would be keen. Efforts would likely follow to "reduce this population of students" even further by establishing even more rigid and exclusive eligibility criteria -- thereby "freeing up" fiscal and human resources to work with students who "truly are in need" of special education.

Recommendations

Contemporary problems and issues within the area of mild mental retardation are numerous and complex. They do not lend themselves to simple solutions. Basically two population subgroups must be the focus of our concern: (1) those students currently identified within the mild mental retardation classification -- students who are sometimes referred to as the "new EMRs" and who appear to be patently more disabled than the earlier EMR subgroup; and (2) those students who have been declassified, or have lost their special education eligibility because of definition and criteria changes. In some ways, the present issues, problems, and needs of these two subgroups are essentially the same; yet, they are quite different in other ways, requiring different approaches.

Following are some general recommendations for dealing with a selected few of the issues, problems, and concerns involving students with mild mental retardation which have been addressed in this paper.

(1) The classification issue continues to present a multitude of problems. While it is highly unlikely that any one classification system could ever be developed which would be acceptable to all constituencies, we must continue to improve upon current methods of identifying and classifying students for special education services. Ideally, there would be no need for a classification system in for students to become eligible for needed programming services.

However, until that time comes when (1) schools are organized and committed to provide appropriate and meaningful instructional services to all students regardless of their unique learning and social needs; and (2) funding patterns are changed so that the provision of "special" educational services are not contingent upon identified individual pathology, we need to ensure that current classification systems do not arbitrarily exclude students, thereby preventing them from receiving needed services. In brief, if we are forced to employ a classification system and label students in order for them to obtain needed services, then let's make every effort to ensure that it is as appropriate and equitable as possible.

(2) The issue of student placement is an important one. Clearly, we must continue our efforts to ensure that all students, handicapped and nonhandicapped, are placed in environments which promote diversity, encourage respect for ethnic/racial differences, and optimize their academic academic, social, and vocational potential. At the same time, we must not lose sight of essential instructional and curriculum issues. We must continue to research and apply interventions which can promote positive academic, social, and vocational development.

(3) The changing nature of the mildly mentally retarded population in recent years poses serious problems within the area of personnel preparation which need to be addressed at both the preservice and inservice levels. We need to ensure that teachers who are presently working with, or who are preparing to work with,

the "new EMR" population of students receive the necessary skills and experiences to function effectively with this population. Many of these students possess multiple problems across several domains which require a different training focus than that which was considered appropriate for personnel who formerly taught within the area of mild mental retardation (the old EMRs).

Likewise, we need to ensure that regular class teachers who presently work with, or who are preparing to work with, those large numbers of students who are characterized as "marginal learners", are adequately prepared to provide this population with an appropriate and effective instructional program. For most of these students, their declassification, or their current eligibility exclusion, did (does) not eliminate their learning problems.

Regardless of the placement in which their instructional program is delivered, the individual learning and social needs of these students must be considered. Several states and university training programs have been making a concerted effort in recent years to provide regular class teachers with a comprehensive "mainstreaming" preparation program. Unfortunately, we still witness situations in which such "training programs" consist of a single "token" course. This is totally unacceptable and is likely to produce negative consequences for both teachers and students.

(4) Issues and concerns involving the current and projected status of the "mild mental retardation" population being addressed today are legitimate and important ones. There certainly appears to

be a major cause for concern relative to what generally is becoming to be perceived of as a "forgotten population." However, I strongly suggest that this specific population of students will be better served in the long-term if their "issues" are not isolated nor too narrowly focused upon by professionals and advocates. Rather they need to be included within broader, contemporary discourses and movements which are designed to address the more global social, economic, and educational problems which exist in our nation, e.g., poverty, homelessness, alcohol and drug abuse, child abuse, and infant mortality.

I suggest that many of the problems presently being addressed within the area of mild mental retardation will be eliminated, or at least, substantially reduced, only when the broader social, economic, health, and educational problems currently occurring in our nation are addressed. As a nation, we need to reassess our values, belief systems, and priorities. The current and projected problems being faced by mildly mentally retarded students should not be separated from efforts to reform overall school policy in America.

New, creative solutions will be required. Our basic conceptions of schooling may need to change. If current demographic projections are accurate, our nation's schools will be serving a distinctly different population of students by the year 2000. And, most certainly among this new population of students will be a sizeable number of students with "learning problems." What particular label that they will have attached to them in the year

2020 is unknown at this time. Yet, we can be relatively sure that they will be there and they will be called "something." We can be relatively sure of this situation obtaining in the future -- unless action is taken now to reverse many of the cycles of social, economic, and educational disadvantage which are so pervasive in our present-day society.

I am in full agreement with the plea of MacMillan (1990) that those individuals who previously taught, studied, or advocated for students with mild mental retardation "not simply forget them ... they need our attention as much, or more, than they have in the past" (p. 17). There is no question that this population of students has been severely neglected in recent years in terms of research, programming, and advocacy. I would simply add, however, that we, in our individual and collective efforts to help these students, not ignore the broader questions, problems, and issues which have to be addressed -- those which have largely contributed to placing many of these very students (those with mild mental retardation and those with marginal learning ability) in their present deficit situations.

References

Baumeister, A. A., Kupstas, F., & Klindworth, L. M. (1990). New morbidity: Implications for prevention of children's disabilities. Exceptionality, 1, 1-16.

Buehler, B. (1990). The changing nature of special education: Children will be younger, some will be more impaired, and many will be expensive to serve, researcher says. Counterpoint, 10 (3), 8.

Byrnes, M. (1990). The regular education initiative debate: A view from the field. Exceptional Children, 56, 345-348.

Carnine, D. W., & Kameeuni, E. J. (1990). The general education initiative and children with special needs: A false dilemma in the face of true problems. Journal of Learning Disabilities, 23, (3), 141-148.

Centers for Disease Control. (1989, August). HIV/AIDS: Surveillance Report, 1-6.

Davis, W. E. (1989). The regular education initiative debate: Its promises and problems. Exceptional Children, 55, 440-446.

Davis, W. E. (1990). Broad perspectives on the regular education initiative debate: Response to Byrnes. Exceptional Children, 56, 349-351.

Davis, W. E., & McCaul, E. J. (1988). New perspectives on education: A review of the issues and implications of the regular education initiative. Orono, ME: College of Education, University of Maine.

Diana v. State Board of Education, Civil Action No. C-70-37 (N.D. Cal., 1970).

Edgar, E. (1987). Secondary programs in special education: Are many of them justified? Exceptional Children, 53, 555-561.

Epstein, M. H., Polloway, E. A., Patton, J. R., & Foley, R. (1989). Mild retardation: Student characteristics and services. Education and Training in Mental Retardation, 24, 7-16.

Forness, S. R. (1985). Effects of public policy at the state level: California's impact on MR, LD, and ED categories. Remedial and Special Education, 6 (3), 36-43.

Forness, S. R., & Kavale, K. A. (1984). Education of the mentally retarded: A note on policy. Education and Training of the Mentally Retarded, 19, 239-245.

Gartner, A., & Lipsky, D. K. (1987). Beyond special education: Toward a quality system for all students. Harvard Educational Review, 57 (4), 367-395.

Gerber, M. M. (1988). Tolerance and technology of instruction: Implications for special education reform. Exceptional Children, 55, 440-446.

Greer, J. V. (1990). "Drug Babies." Exceptional Children, 56, 382-384.

Grossman, H. J. (Ed.). (1973). Manual on terminology and classification in mental retardation. Washington, DC: American Association on Mental Deficiency.

Grossman, H. J. (Ed.). (1983). Classification in mental retardation. Washington, DC: American Association on Mental Deficiency.

Heber, R. (Ed.). (1959, 1961). A manual on terminology and classification in mental retardation. Monograph Supplement, American Journal of Mental Deficiency.

Heller, K., Holtzman, W., & Messick, S. (Eds.). (1982). Placing children in special education: A strategy for equity. Washington, DC: National Academy Press.

Kauffman, J. M. (1989). The regular education initiative as Regan-Bush education policy: A trickle-down theory of education of the hard-to-teach. The Journal of Special Education, 23 (3),256-279.

Larry P. v. Riles, Civil Action No. 71-2270 (N.D. Cal. 1971).

Lieberman, L. (1990). REI: Revisited . . . again. Exceptional Children, 56, 561-562.

Lilly, M. S. (1988). The regular education initiative: A force for change in general and special education. Education and Training in Mental Retardation, 23, 253-260.

Lilly, M. S. (1989). Reflections on Vergason's response. Education and Training in Mental Retardation, 24, 102-104.

Lipsky, D. K., & Gartner, A. (1989). The current situation. In D. K. Lipsky, & A. Gartner (Eds.), Beyond separate education: Quality education for all (pp. 3-24). Baltimore, MD: Paul H. Brookes.

MacMillan, D. L. (1980). The new EMR population: Can they be mainstreamed? Mental Retardation, 18, 155-158.

MacMillan, D. L. (1982). Mental retardation in school and society (2nd. ed.). Boston: Little Brown.

MacMillan, D. L. (1989). Mild mental retardation: Emerging issues. In G. A. Robinson, J. R. Patton, E. A. Polloway, & L. R. Sargent (Eds.). Best practices in mild mental retardation (pp. 3-20). Reston, VA: Division on Mental Retardation, Council for Exceptional Children.

MacMillan, D. L., & Myers, C. E., & Morrison, G. M. (1980). System-identification of mildly retarded children: Implications for interpreting and conducting research. American Journal of Mental Deficiency, 85, 108-105.

MacMillan, D. L., Hendrick, I. G., & Watkins, A. V. (1988). Impact of Diana, Larry P., and P.L. 94-142 on minority students. Exceptional Children, 54, 426-432.

Mercer, J. R., & Lewis, J. P. (1977). System of multicultural pluralistic assessment: Parent interview manual. New York: Psychological Corporation.

Miller, G. (1989, June). Addicted infants and their mothers. Zero to Three, 9, 20-23.

National Association for Perinatal Addiction Research and Education. (1989). A first: National hospital incidence survey, "substance most commonly abused during pregnancy and their risks to mother and baby," and Press Releases (September 17-18).

Natriello, G., McDill, E. L., & Pallas, A. M. (1990). Schooling disadvantaged children: Racing against catastrophe. New York: Teachers College Press, Columbia University.

Office of Special Education and Rehabilitative Services (1989). Eleventh annual report to Congress on the implementation of the Education of the Handicapped Act. Washington, DC: U.S. Department of Education.

Patton, J. R., Cronin, M. E., Polloway, E. A., Hutchison, D, & Robinson, G. A. (1989). Curricular considerations: A life skills orientation. In G. A. Robinson, J. R. Patton, E. A. Polloway, & L. R. Sargent (Eds.), Best practices in mild mental retardation (pp. 21-37). Reston, VA: Division on Mental Retardation, Council for Exceptional Children.

Polloway, E. A., & Smith, J. D. (1988). Current status of the mild mental retardation construct: Identification, placement, and programs. In M. C. Wang, M. C. Reynolds, & H. J. Walberg (Eds.), Handbook of special education: Research and practice, Vol. 2: Mildly handicapping conditions (pp. 1-22). Oxford, England: Pergamon Press.

Polloway, E. A., Epstein, M. H., Patton, J. R., Cullinan, D., & Luebke, J. (1986). Demographic, social, and behavioral characteristics of students with educable mental retardation. Education and Training of the Mentally Retarded, 21, 27-34.

Ramey, C. T., & Haskins, R. (1981). The causes and treatment of school failure: Insights from the Carolina Abecedarian project. In M. J. Begab, H. C. Haywood, & H. L. Garber (Eds.), Psycho-social influences in retarded performance: Strategies for improving competence (Vol. II) (pp. 89-112). Baltimore, MD: University Park Press.

Reschly, D. J. (1981). Evaluation of the effects of SOMPA measures on classification of students as mildly mentally retarded. American Journal of Mental Deficiency, 86, 16-20.

Reschly, D. J. (1985, August). Myths and realities in minority special education overrepresentation. Paper presented at the American Psychological Association Annual Convention. Los Angeles, California.

Reschly, D. J. (1987). Learning characteristics of mildly handicapped students: Implications for classification, placement, and programming. In M. C. Wang, M. C. Reynolds, & H. J. Walberg (Eds.), Handbook of special education: Research and practice, Vol. 1: Learner characteristics and adaptive education (pp. 35-58). Oxford, England: Pergamon Press.

Reschly, D. J. (1988). Minority mild mental retardation overrepresentation. In M. C. Wang, M. C. Reynolds, & H. J. Walberg (Eds.), Handbook of special education: Research and practice, Vol. 2: Mildly handicapping conditions (pp. 23-41). Oxford, England: Pergamon Press.

Reynolds, M. C., Wang, M. C., & Walberg, H. J. (1987). The necessary restructuring of special and regular education. Exceptional Children, 53, 391-198.

Schorr, L. B. (1989). Within our reach: Breaking the cycle of disadvantage. New York: Doubleday.

Select Committee on Children, Youth, and Families. (1988). Opportunities for success: Cost-effective programs for children -- Update, 1988. Washington, DC: U.S. Government Printing Office.

Skrtic, T. M. (1987, November/December). An organizational analysis of special education reform. Counterpoint, 8 (2), 15-19.

Vergason, G. A., & Anderegg, M. L. (1989). An answer to: The Regular Education Initiative: A force for change in general and special education. Education and Training in Mental Retardation, 24, 100-101.

Zirkel, P. (1990). Backlash threatens special education. Education Week, 9 (40), 64.